

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90011 034 ***150.00

DOCUMENT # P03000123252

1. Entity Name
DORCHESTER HOMES INC.



Principal Place of Business
2925 MELHOLLIN DRIVE
JACKSONVILLE, FL 32216

Mailing Address
2925 MELHOLLIN DRIVE
JACKSONVILLE, FL 32216

50030017



2. Principal Place of Business

540 Florida Club Blvd.
Suite, Apt. #, etc.
108

3. Mailing Address

540 Florida Club Blvd.
Suite, Apt. #, etc.
108

03082005

Chg-P

CR2E034 (10/03)

City & State

St. Augustine, FL
Zip
32084

Country

USA

City & State

St. Augustine
Zip
32084

Country

USA

4. FEI Number

81-0637302

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

POOLE, SAMUEL W
2925 MELHOLLIN DRIVE
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME POOLE, SAMUEL W
STREET ADDRESS 2925 MELHOLLIN DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32216

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

NAME
STREET ADDRESS 540 Florida Club Blvd 108
CITY-ST-ZIP St. Augustine, FL 32084

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/05

904 819-571

Date

Daytime Phone #